

# **EXHIBIT B**

**PROOF OF CLAIM**

Name of Debtor

USA COMMERCIAL MORTGAGE CO. 06-10725(LBR)

NOTE See Reverse for List of Debtors and Case Numbers  
 This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address

11321241002750  
 CAROL A MARCONI  
 3731 SARASOTA SQ BLVD APT 307  
 SARASOTA FL 34238-5462

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

Check box if this address differs from the address on the envelope sent to you by the court

**DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS**

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

**THIS SPACE IS FOR COURT USE ONLY**

Creditor Telephone Number (941) 929 9044

Last four digits of account or other number by which creditor identifies debtor

3856

Check here  replaces  
 if this claim  or  amends a previously filed claim dated \_\_\_\_\_

**1 BASIS FOR CLAIM**

- Goods sold  Personal injury/wrongful death  
 Services performed  Taxes  
 Money loaned  Other (describe briefly)  
 P & I

Retiree benefits as defined in 11 U S C § 1114(a)

Unremitted principal

Wages, salaries, and compensation (fill out below)

Other claims against servicer (not for loan balances)

Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
 (date) (date)

**2 DATE DEBT WAS INCURRED** 2-23-06**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 CLASSIFICATION OF CLAIM** Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed  
 See reverse side for important explanations

**UNSECURED NONPRIORITY CLAIM \$**

- Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority

**SECURED CLAIM**

- Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral \$ 50,724

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 724

Up to \$2 225\* of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7)

Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)

Other - Specify applicable paragraph of 11 U S C § 507(a) (\_\_\_\_)

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

**5 TOTAL AMOUNT OF CLAIM \$**

AT TIME CASE FILED \$ 50,724.00

(unsecured) \$ 50,724.00 (secured) (priority) \$ 50,724.00 (Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges EXHIBIT B

**6 CREDITS** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

**7 SUPPORTING DOCUMENTS** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. **DO NOT SEND ORIGINAL DOCUMENTS** If the documents are not available, explain. If the documents are voluminous, attach a summary ATTACH Exhibit AFB

**8 DATE-STAMPED COPY** To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim - Enclosed -

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO  
 BMC Group

Attn USACM Claims Docketing Center  
 P O Box 911  
 El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO  
 BMC Group

Attn USACM Claims Docketing Center  
 1330 East Franklin Avenue  
 El Segundo, CA 90245

**THIS SPACE FOR COURT USE ONLY**

DATE 10/04/06	SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) Carol A. Marconi
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**PROOF OF CLAIM**

Name of Debtor  
**USA Commercial Mortgage Company**

Case Number

**06-10725-LBR**

## NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

**Name of Creditor and Address**

11321242039569

WILKELIS, LYNN  
P O BOX 642  
BUELLTON CA 93427

Creditor Telephone Number (701) 399-4046

Last four digits of account or other number by which creditor identifies debtor

9569

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

Check box if this address differs from the address on the envelope sent to you by the court

**IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT**

**DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS**

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

**THIS SPACE IS FOR COURT USE ONLY**

Check here  replaces \_\_\_\_\_  
if this claim  or \_\_\_\_\_  
 amends a previously filed claim dated \_\_\_\_\_

**1 BASIS FOR CLAIM**

- |  |   |
|--|---|
| <input type="checkbox"/> Goods sold              | <input type="checkbox"/> Personal injury/wrongful death |
| <input type="checkbox"/> Services performed      | <input type="checkbox"/> Taxes                          |
| <input checked="" type="checkbox"/> Money loaned | <input type="checkbox"/> Other (describe briefly)       |

 Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal Wages, salaries and compensation (fill out below) Other claims against servicer (not for loan balances)

Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

**2 DATE DEBT WAS INCURRED**

October 2001

**3 IF COURT JUDGMENT, DATE OBTAINED****4 CLASSIFICATION OF CLAIM** Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed

See reverse side for important explanations

**UNSECURED NONPRIORITY CLAIM \$ \_\_\_\_\_**

- Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority

**SECURED CLAIM**

- Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

- Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ \_\_\_\_\_

- Up to \$2,225\* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7)

- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)

- Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

**5 TOTAL AMOUNT OF CLAIM \$ \_\_\_\_\_**

\$ 53104.00

\$ \_\_\_\_\_

AT TIME CASE FILED

(unsecured)

(secured)

(priority)

(Total)

- Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

**6 CREDITS** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim**7 SUPPORTING DOCUMENTS** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary**8 DATE-STAMPED COPY** To receive an acknowledgment of the filing of your claim enclose a stamped, self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

**BY MAIL TO**

BMC Group

Attn: USACM Claims Docketing Center

P.O. Box 911

El Segundo, CA 90245-0911

**THIS SPACE FOR COURT USE ONLY****BY HAND OR OVERNIGHT DELIVERY TO**

BMC Group

Attn: USACM Claims Docketing Center

1330 East Franklin Avenue

El Segundo, CA 90245

**DATE**

01/06/06

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

*Lynn Wilhelmy*

## PROOF OF CLAIM

Name of Debtor <b>USA Commercial Mortgage Company</b>	Case Number <b>06-10725-LBR</b>
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**NOTE** See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

<b>Name of Creditor and Address</b>	
 <b>BRYAN, ROGER</b> 1644 N PALO VERDE DRIVE ST GEORGE UT 84770	11321242034160 <i>Roger Marvin Bryan and Ann T. Bryan Bryan, Trust Family dated August 19, 1978</i>
<b>Creditor Telephone Number</b> 435-652-0109	

Last four digits of account or other number by which creditor identifies debtor	<input type="checkbox"/> Check here if this claim replaces <input type="checkbox"/> or amends a previously filed claim dated _____
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<b>1 BASIS FOR CLAIM</b>	
<input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned	<input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly)
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	

<b>2 DATE DEBT WAS INCURRED</b>	<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>
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**4 CLASSIFICATION OF CLAIM** Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed  
See reverse side for important explanations

<b>UNSECURED NONPRIORITY CLAIM</b> \$ 100,000.00?	
<input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority	

<b>UNSECURED PRIORITY CLAIM</b>	
<input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim	

<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)	
--	--

<b>5 TOTAL AMOUNT OF CLAIM</b> \$ 2, \$ _____	
AT TIME CASE FILED	(unsecured) \$ _____ (secured) \$ _____ (priority) \$ _____ (Total) \$ _____

<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges	
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**6 CREDITS** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

**7 SUPPORTING DOCUMENTS** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary

**8 DATE-STAMPED COPY** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

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**BY MAIL TO**  
BMC Group

Attn USACM Claims Docketing Center

P O Box 911

El Segundo, CA 90245-0911

**BY HAND OR OVERNIGHT DELIVERY TO**

BMC Group

Attn USACM Claims Docketing Center

1330 East Franklin Avenue

El Segundo, CA 90245

**DATE** SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

*Roger Marvin Bryan*

THIS SPACE FOR COURT USE ONLY

**PROOF OF CLAIM**

Name of Debtor

USA COMMERCIAL MORTGAGE CO.

Case Number

BK-S-06-10725 LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address.

██████████ 11321241001596

KANTOR FAMILY TRUST DATED 5/6/82  
C/O RONALD A KANTOR AND RUTH E KANTOR TRUSTEES  
1921 N BEVERLY DR  
BEVERLY HILLS CA 90210-1612

Creditor Telephone Number (310) 278-0486

Last four digits of account or other number by which creditor identifies debtor

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

Check box if this address differs from the address on the envelope sent to you by the court

**DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS**

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

**THIS SPACE IS FOR COURT USE ONLY**

Check here  replaces \_\_\_\_\_  
if this claim  or amends \_\_\_\_\_  
a previously filed claim dated \_\_\_\_\_

**1 BASIS FOR CLAIM**

- Goods sold  Personal injury/wrongful death  
 Services performed  Taxes  
 Money loaned  Other (describe briefly)

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Unremitted principal

Wages, salaries, and compensation (fill out below)

Other claims against servicer (not for loan balances)

Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_

(date)

(date)

**2 DATE DEBT WAS INCURRED** 4-2005 - 4-13-06**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 CLASSIFICATION OF CLAIM** Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed  
See reverse side for important explanations

**UNSECURED NONPRIORITY CLAIM \$**

- Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority

**SECURED CLAIM**

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral \$ 5216.69

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 369.60

**UNSECURED PRIORITY CLAIM**

- Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  
 Wages, salaries or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4)  
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)

Up to \$2,225\* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7)

Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)

Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

**5 TOTAL AMOUNT OF CLAIM \$** \$ 369.00 **\$** \$ 369.00 **\$** \$ 369.00  
**AT TIME CASE FILED** (unsecured) (secured) (priority) (Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

**6 CREDITS** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

**7 SUPPORTING DOCUMENTS** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary

**8 DATE-STAMPED COPY** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO

BMC Group

Attn: USACM Claims Docketing Center

P.O. Box 911

El Segundo, CA 90245-0911

**THIS SPACE FOR COURT USE ONLY**

BY HAND OR OVERNIGHT DELIVERY TO

BMC Group

Attn: USACM Claims Docketing Center

1330 East Franklin Avenue

El Segundo, CA 90245

**DATE**

OCT. 13, 2006

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Ronald A. Kantor

RONALD A. KANTOR

		PROOF OF CLAIM		YOUR CLAIM IS SCHEDULED AS	
Name of Debtor <b>USA Commercial Mortgage Company</b>		Case Number <b>06-10725-LBR</b>		Schedule/Claim ID <b>S32287</b> Amount/Classification <b>\$2,597.27 Unsecured</b> <b>RECEIVED AND FILED</b>	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				2006 OCT 10 P 3 37	
Name of Creditor and Address:  11321240001443 RAMON L SNYDER & LINDA L SNYDER FAMILY TRUST DATED 10/14/98 C/O RAMON L SNYDER & LINDA L SNYDER TRUSTEES 405 GRAYEAGLE CT LINCOLN CA 95648 8676		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court		<small>The amounts listed above constitute your claim as set forth by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.</small>  <small>If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.</small>  <small>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.</small>	
Creditor Telephone Number (916) 408 7500				<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Last four digits of account or other number by which creditor identifies debtor  5115 AND/OR 1613		<input type="checkbox"/> Check here if this claim replaces or amends a previously filed claim dated _____			
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) <small>Last four digits of your SS # _____</small> <small>Unpaid compensation for services performed from _____ to _____ (date) (date)</small>		<input checked="" type="checkbox"/> Unremitted principal <input type="checkbox"/> Other claims against servicer (not for loan balances)	
<b>2. DATE DEBT WAS INCURRED</b> <u>05-25-2005</u>		<b>3. IF COURT JUDGMENT, DATE OBTAINED</b>			
<b>4. CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed <small>See reverse side for important explanations</small>					
<b>UNSECURED NONPRIORITY CLAIM</b> \$ <u>125,000.00</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority					
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)					
<b>SECURED CLAIM</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____					
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>					
<b>5. TOTAL AMOUNT OF CLAIM</b> \$ <u>125,000.00</u> \$ _____ <b>(unsecured)</b> \$ _____ <b>(secured)</b> \$ _____ <b>(priority)</b> \$ <u>125,000.00</u> <b>(Total)</b>					
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges					
<b>6. CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim					
<b>7. SUPPORTING DOCUMENTS</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary					
<b>8. DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim					
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).					
<b>BY MAIL TO</b> BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911					
<b>BY HAND OR OVERNIGHT DELIVERY TO</b> BMC Group Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245					
<b>THIS SPACE FOR COURT USE ONLY</b>					
DATE  <u>09-21-06</u>		SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  <i>Ramon Snyder &amp; Linda L. Snyder Trust</i>			

## PROOF OF CLAIM

Name of Debtor

Case Number:

USA Commercial Mortgage Company

06-10725-CBR

RECEIVED AND FILED

2006 OCT 20 P 2:21

S. BANKRUPTCY COURT  
PATRICIA GRAY, CLERK

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address:

11321241002809

JAMES E MCKNIGHT  
233 BRANCH AVE  
FREEPORT NY 11520-6007 Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (516) 377-1557

Last four digits of account or other number by which creditor identifies debtor

 Check here if this claim replaces \_\_\_\_\_  
 or amends \_\_\_\_\_ a previously filed claim dated \_\_\_\_\_

## 1 BASIS FOR CLAIM

- Goods sold       Personal injury/wrongful death  
 Services performed       Taxes  
 Money loaned       Other (describe briefly)

 Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal Wages, salaries, and compensation (fill out below) Other claims against servicer  
(not for loan balances)

Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

2. DATE DEBT WAS INCURRED: 3/7/01

3. IF COURT JUDGMENT DATE OBTAINED:

4. CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.  
See reverse side for important explanations

## UNSECURED/NONPRIORITY CLAIM \$ \_\_\_\_\_

- Check this box if a) there is no collateral or b) no securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority

## SECURED CLAIM

- Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

- Real Estate     Motor Vehicle     Other \_\_\_\_\_

Value of Collateral \$ 11,161.67.00

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ SEE OTHER CLAIM FORM

## UNSECURED/PRIORITY CLAIM

- Check this box if you have an unsecured claim, all or part of which is entitled to priority

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  
 Wages, salaries or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)  
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)

 Up to \$2,225\* of deposits toward purchase, lease or rental of property or services for personal family or household use - 11 U.S.C. § 507(a)(7). Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5 TOTAL AMOUNT OF CLAIM \$ 633.33 \$ \_\_\_\_\_

(unsecured)

(secured)

(priority)

(Total)

 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous attach a summary

8 DATE STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO:

BMC Group

Attn USACM Claims Docketing Center  
P O Box 9111  
El Segundo, CA 90245-0911

THIS SPACE FOR COURT USE ONLY

BY HAND OR OVERNIGHT DELIVERY TO  
BMC GroupAttn USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245

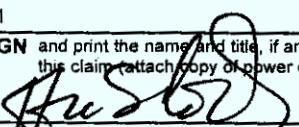
DATE

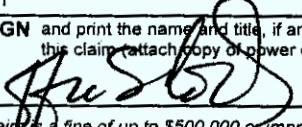
10/6/06

SIGN and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

James E McKnight

*Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 162 AND 3571*

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM													
Name of Debtor: USA Commercial Mortgage Company	Case Number: 06-10725-LBR														
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.													
<b>Name of Creditor and Address:</b> Capital Mortgage Investors, Inc. c/o Jeffrey S. Berlowitz, Esq. 4000 Hollywood Blvd., Suite 375-S Hollywood, FL 33021		<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.</b>  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.													
Creditor Telephone Number 966-1820		<b>THIS SPACE IS FOR COURT USE ONLY</b>													
Last four digits of account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces _____ if this claim <input type="checkbox"/> or _____ amends _____ a previously filed claim dated: _____													
<b>1. BASIS FOR CLAIM</b> <table> <tr> <td><input type="checkbox"/> Goods sold</td> <td><input type="checkbox"/> Personal injury/wrongful death</td> <td><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</td> <td><input type="checkbox"/> Unremitted principal</td> </tr> <tr> <td><input type="checkbox"/> Services performed</td> <td><input type="checkbox"/> Taxes</td> <td><input type="checkbox"/> Wages, salaries, and compensation (fill out below)</td> <td><input checked="" type="checkbox"/> Other claims against servicer (not for loan balances)</td> </tr> <tr> <td><input type="checkbox"/> Money loaned</td> <td><input type="checkbox"/> Other (describe briefly) _____</td> <td>Last four digits of your SS #: _____</td> <td>Unpaid compensation for services performed from: _____ to _____ (date) _____ (date) _____</td> </tr> </table>				<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)	<input type="checkbox"/> Unremitted principal	<input type="checkbox"/> Services performed	<input type="checkbox"/> Taxes	<input type="checkbox"/> Wages, salaries, and compensation (fill out below)	<input checked="" type="checkbox"/> Other claims against servicer (not for loan balances)	<input type="checkbox"/> Money loaned	<input type="checkbox"/> Other (describe briefly) _____	Last four digits of your SS #: _____	Unpaid compensation for services performed from: _____ to _____ (date) _____ (date) _____
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<b>4. CLASSIFICATION OF CLAIM.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.															
<b>UNSECURED NONPRIORITY CLAIM \$ unliquidated/unknown</b>		<b>SECURED CLAIM</b>													
<input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		<input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____													
<b>UNSECURED PRIORITY CLAIM</b>		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____).													
<small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>															
<b>5. TOTAL AMOUNT OF CLAIM \$ unliquidated/unknown</b> <b>AT TIME CASE FILED:</b>		\$ (unsecured)	\$ (secured) (priority) \$ unliquidated/known												
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<b>BY MAIL TO:</b> BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911															
<b>BY HAND OR OVERNIGHT DELIVERY TO:</b> BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245															
DATE 11-9-06	<b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  <i>Jeffrey S. Berlowitz, Attorney for Creditor</i>														

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM													
Name of Debtor:  USA Commercial Mortgage Company	Case Number:  06-10725-LBR														
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.													
<b>Name of Creditor and Address:</b>  Capital Mortgage Investors, Inc. c/o Jeffrey S. Berlowitz, Esq. 4000 Hollywood Blvd., Suite 375-S Hollywood, FL 33021		<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.</b>  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.													
Creditor Telephone Number 966-1820		<b>THIS SPACE IS FOR COURT USE ONLY</b>													
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Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____															
<b>5. TOTAL AMOUNT OF CLAIM</b> \$ unliquidated/unknown <b>AT TIME CASE FILED:</b> (unsecured) \$ _____		<b>\$ unliquidated/known</b> (secured) \$ _____    (priority) \$ _____													
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DATE  11-9-06	<b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  Jeffrey S. Berlowitz, Attorney for Creditor														

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<b>Name of Creditor and Address:</b> Barry J. Goldstein & Patricia B. Goldstein c/o Jeffrey S. Berlowitz, Esq. 4000 Hollywood Blvd., Suite 375-S Hollywood, FL 33021																	
Creditor Telephone Number ( ) 954 966-1820																	
Last four digits of account or other number by which creditor identifies debtor:																	
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